



DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS
WASHINGTON, DC 20350-2000

IN REPLY REFER TO

5520

Ser 09N2/6U871225

From: Chief of Naval Operations

OCT 18 2006

Subj: NEW PROCEDURES FOR REQUESTING SUBMITTING OFFICE
NUMBERS, SECURITY OFFICE IDENTIFIERS, ON-LINE
PAYMENT COLLECTION BILLING CODES AND SUBMISSION OF
SECURITY MANAGER DESIGNATION LETTERS

Ref: (a) DSS memo of 25 Apr 06
(b) SECNAVINST 5510.30A

Encl: (1) PIPS Form 11 (Revised February 1999)
(2) PIPS Form 12 (Revised February 1999)

1. In accordance with reference (a), CNO (N09N2) is now the single point of contact for the Department of the Navy (DON) validation of all Submitting Office Numbers (SONs) Security Office Identifiers (SOIs) and On-line Payment Collection (OPAC) billing codes. All requests for SOI/SON/OPAC codes will be forwarded to CNO (N09N2) using enclosure (1) and/or (2). Marine Corps commands will forward requests via Headquarters Marine Corps, Administration and Resource Management Division (ARS). CNO (N09N2) will endorse DON requests to the Office of Personnel Management (OPM). Upon approval by OPM, CNO (N09N2) will forward new SOI/SON/OPAC codes to command points of contact.

2. Reference (b), chapter 2-3 requires each command eligible to receive classified information to designate a security manager in writing. A copy of the security manager designation letter must be forwarded to CNO (N09N2). If practical, the designation letter copy should be scanned by the security manager and sent via e-mail to navysecurity@ncis.navy.mil, providing Unit Identification Code, SON/SOI/OPAC codes and a return e-mail address. Marine Corps commands will forward designation letters via HQMC (ARS).

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3. These requirements are established to provide
accountability of personnel security investigations (PSIs)
submitted to OPM.

4. The CNO (N09N2) point of contact is Mr. Frank Bennett at
(202) 433-8843 or frank.m.bennett@navy.mil.



C. R. SONTAG
Assistant for Information
and Personnel Security

Distribution:

CNO (N09B31)
COMLANTFLT
COMPACFLT
COMUSNAVEUR
COMNAVAIRSYSCOM
COMNAVSEASYSYSCOM
COMNAVFACENGCOM
COMSPAWARSYSCOM
COMNAVSUPSYSCOM
COMUSNAVCEN Bahrain
COMNAVAUDSERV
COMSC
COMNAVRESFOR
BUPERS
COMNAVDIST
CNI
DIRSSP
ONI
COMNAVLEGSVCCOM
USNA
NAVPGSCOL
NAVWARCOL

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BUMED
PRESINSURV
NAVOBSY
COMNAVSPECWARCOM
COMOPTEVFOR
NAVHISTCEN
FLDSUPPACT
COMNAVSAFEEN
COMNAVMETOCCOM
COMNAVNETWARCOM
CNET
CNR
NAVYJAG
NAVCRIMINSERV (CODE 11A)
HQMCA (ARS)
NAVY IPO
Dir, PSAB
DON CAF

(SON label/code:) _____

Federal Investigations Processing Center
P.O. Box 618
Boyers, PA 16018-0618
Commercial 724 794-5612 FAX 724 794-2891

SECURITY OFFICE IDENTIFIER (SOI) AUTHORIZATION AND AMENDMENT FORM

ATTENTION: SECURITY OFFICER

OPM authorizes each agency Security Office a 4-character identifier, called the SOI. The SOI permits OPM to return investigative reports to agency-approved addresses. The SOI also permits security offices to obtain detailed investigative information. The Security Office must provide OPM-FIPC the following:

- ☒ An accurate mailing address for the Security Office;
- ☒ Name and social security numbers for authorized callers;
- ☒ Type and date of most recent background investigation conducted on the authorized callers

To request an SOI or advise OPM of SOI changes, complete the necessary items on the form below. Mail or fax the completed form to the address on the top of this form, attention Program Services Office (PSO). For additional information and/or assistance, call OPM-FIPC PSO at 724-794-5612.

1. ☐ Check this block if requesting a new SOI

2. ☐ Change/add agency name and/or address (include zip code):

Agency Name: _____

City: _____ State: _____ Zip Code: _____

3. ☐ Change/add security office telephone numbers:

Commercial: (____) _____ - _____ Extension: _____ Commercial: (____) _____ - _____ Extension: _____

4. ☐ Change/add Online Payment and Collection (OPAC) Agency Location Code (ALC): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone: (____) _____ - _____ Extension: _____

5. ☐ Change/add security officer:

Name: _____

SSN: _____ - _____ - _____ Type/Date of last investigation: _____

6. ☐ Delete Authorized Callers:

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

7. ☐ Add Authorized Callers:

a. Name: _____

SSN: _____ - _____ - _____

Type/Date of last investigation: _____

b. Name: _____

SSN: _____ - _____ - _____

Type/Date of last investigation: _____

SOI Security Officer Signature: _____

This form should be duplicated as needed

(SON label/code:) _____

*Investigations Service
Federal Investigations Processing Center
P.O. Box 618
Boyers, PA 16018-0618
Commercial 724 794-5612 FAX 724 794-2891*

SUBMITTING OFFICE NUMBER (SON) AUTHORIZATION AND AMENDMENT FORM

ATTENTION: PERSONNEL OFFICER

OPM authorizes an SON for each Personnel Office that submits investigation requests and to make case status requests. The SON data is used to mail a variety of investigative notices, and to contact a submitting office to clarify information that may otherwise delay an investigation. OPM-FIPC must have current information on:

- ☒ Agency name and mailing address; and
- ☒ Name, position, and phone numbers of a contact person.

To request an SON or advise OPM of SON changes, complete the necessary items on the form below. Mail or fax the completed form to the address on the top of this form, attention Program Services Office (PSO). For additional information and/or assistance, call OPM-FIPC PSO at 724-794-5612.

1. **SON:** _____ ☐ Check this block if requesting a new SON
 2. **SOI:** _____
 3. ☐ **Change/add Online Payment and Collection (OPAC) Agency Location Code (ALC):** _____
Billing Address: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Phone: (____) _____ - _____ Extension: _____
 4. ☐ **Change/add Agency Name/Address:**
Agency Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
 5. ☐ **Add Contact Person:**
Name: _____
Position: _____
 6. ☐ **Delete Contact Person:**
Name: _____
Name: _____
 7. ☐ **Change/add SON Contact telephone numbers:** Commercial: (____) _____ - _____ Extension: _____
-

This form should be duplicated as needed